

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/589461

FILING DATE

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3				1			53						
4			1				54						
5			1				55						
6				1			56						
7							57						
8			1				58						
9			1				59						
10				1			60						
11			1				61						
12				1			62						
13							63						
14				1			64						
15							65						
16				1			66						
17							67						
18				1			68						
19							69						
20				1			70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	13	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						